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REVIEWS AND NOTICES.

NOTES ON VITAL STATISTICS.

The need for improvement in the collection and handling of municipal statistics is forcibly presented in two recent publications, "The Vital Statistics of Iowa," by F. I. Herriott, Ph.D., reprinted from the *Iowa Medical Journal*, and a pamphlet on "Uniform Municipal Accounting and Statistics," by Dr. E. M. Hartwell, published for the National Municipal League. Dr. Herriott points out that the laws of Iowa with regard to the registration of deaths are persistently violated, and that many of the large cities of the State have never systematically published any vital statistics whatever. The census of 1900 reported serious deficiencies in the records of deaths in many Iowa cities, as at Des Moines, where 723 deaths were registered and where the census enumerators found 127 more. The reporting of infectious diseases is still more inaccurate; and yet the urgent need for sanitary reform is indicated by high infantile death-rates, obvious even through the imperfect statistics, and by recent epidemics of typhoid fever at Fort Dodge and Marshalltown.

Dr. Hartwell's report summarizes the progress made by the Committee on Uniform Municipal Accounting and Statistics in securing comparable summaries of municipal statistics in Newton, Brookline, Cambridge, Boston, Chicago, and Baltimore, and then points out the difficulty in instituting extensive reforms along this line until the collection of the original data to be summarized is radically improved. The fundamental figures for all comparative studies, statistics of population, are notoriously inaccurate in intercensal years. Dr. Hartwell gives the following table for three leading cities:—

ESTIMATE OF POPULATION FOR 1898 BY

Cities.	Health Dept.	U.S. Labor Dept., Jan. 1, 1899.	National Municipal League Committee,— estimated on	
			Rate of Growth. 1880–1890.	Rate of Growth. 1890–1900.
Baltimore	541,000	541,000	538,312	493,094
Cincinnati	405,000	415,000	335,195	319,885
St. Louis	623,000	623,000	553,456	548,102

The case of Baltimore shows clearly the weakness of the decennial census system, but in the other instances the errors of the estimators seem inexcusable. The differences in death-rates due to the substitution of the Health Department estimates for the true population are considerable. In Baltimore a death-rate of 20.65 in 1898 was decreased to 18.82, in Cincinnati one of 16.29 to 12.86, in St. Louis one of 16.07 to 14.13. No wonder that the committee concluded "it is impracticable at present to attempt to secure uniform returns throughout the whole field of municipal statistics from any considerable number of American cities."

The Annual Report of the Board of Health of Cambridge, Mass., for 1902, contains, besides the usual valuable statistics of seasonal prevalence and fatality of the commoner zymotic diseases, some significant data regarding the small-pox epidemic of 1901–02. Of 187 cases, 83 had been vaccinated, but all of the latter were over 15 years of age. Of the unvaccinated, on the other hand, 41, or nearly half, were under 15. Of the 83 vaccinated persons, 7 died. Of these 1 had been vaccinated eight years previously, the other 6, aged 19, 31, 40, 50, 62, and 76 respectively, in childhood. The death-rate in this class was 8.43 per cent., while among the unvaccinated it was 26.92 per cent. As in most of the epidemics of 1901–02, the fatality was therefore low, but yet three times that among the vaccinated.

The Board of Health of Brazil recently published a very thorough and satisfactory review of local yellow fever statistics, by Dr. Bulhões Carvalho, entitled "Contribuição para o Estudo Epidemiologico da Febre Amarella." The author appears not to be familiar with the work of Dr. Reed and his colleagues on the transmission of this disease by mosquitoes; but this only adds to the value of his confirmatory testimony. He first shows that disinfection has failed to control the malady, since in Rio de Janeiro there were 11,808 deaths from this cause in the thirteen years, 1877–1889, before the enforcement of disinfection, and 22,506 deaths in the thirteen years, 1890–1902, afterward. The yearly variations have been controlled mainly by a single factor, the number of immigrants entering the port, as Dr. Carvalho shows by two striking diagrams, high death-rates either coinciding with or following those years in which the largest increments of non-immune population were added. From another table it appears that between 1890 and 1903 88.2 per cent. of the deaths occurred among foreigners, and 9.55 per cent. among natives, while 2.25 per cent. were unknown. Finally, curves are given for seasonal prevalence, showing a very regular maximum in the autumn months of February and March, corresponding well with the maximum temperature which most favors the development of mosquitoes. The seasonal distribution is so well marked that the average figures given are worth quoting for record.

DEATHS FROM YELLOW FEVER IN RIO DE JANEIRO BY MONTHS, 1851–1903.

January.	February.	March.	April.	May.	June.
5,941	10,988	14,926	9,542	5,282	2,756

July.	August.	September.	October.	November.	December.
1,318	704	426	416	672	1,501

In the *Journal de la Société de Statistique de Paris* for July, 1902, Clement Juglar makes a valuable contribution to the question, "Y a-t-il des périodes pour les mariages et les naissances comme pour les crises commerciales?" He shows by a tabular and graphic analysis of the birth statistics for Paris, London, France, England, Prussia, and the German Empire that simultaneous waves of increasing and decreasing birth-rates have swept over Europe with remarkable uniformity. From 1850 to about 1870 the number of births was increasing,—from 884,000 to 931,000 in France and from 593,000 to 938,000 in Prussia. The Franco-Prussian War caused a decrease to 767,000 in France and 832,000 in Prussia. Then came a period of increase up to 1876 in France and Germany and up to 1884 in England, with a reaction following the panics of 1873 and 1882. Germany since 1881 and England since 1890 have shown an increase, while the French rate with minor fluctuations has continued to fall. The movements in the various countries, considered certainly roughly, correspond; but the proof of their connection with financial crises is not quite as clear as might be desired.

Professor Kruse and Dr. Laspeyres contribute a suggestive review of the "Fortschritte der öffentlichen Gesundheitspflege in Rheinland-Westfalen während der letzten Jahrzehnte" to the *Centralblatt für allgemeine Gesundheitspflege*, vol. xxii., Parts 1 and 2. The authors compare in great detail the statistics of these provinces for the periods 1878–83 and 1893–98, and show in the main a most satisfactory improvement. The death-rate in the various age classes from 3 to 10 has decreased by from 10 to 40 per cent. of its original value, but under one year a slight increase from 164.0 per 1,000 births to 167.5 is recorded. Of the specific diseases the typhoid rate has decreased from 4.1

per 10,000 to 1.5, and the scarlet fever rate from 6.9 to .9. Diphtheria was equally prevalent in both periods; but, taking the years 1895–99 after the introduction of anti-toxine, there was a marked decrease. While tuberculosis has greatly fallen off, "diseases of the lungs" have increased. Combining the two, a 15 per cent. decrease appears. Heart disease, urinary disease, and nervous diseases have all diminished. Only cancer and suicide show marked increase on the face of the returns. Analyzing the statistics by districts, it appears that the improvement has been greatest in those of an urban character. This is especially true for tuberculosis, 26 purely rural districts showing rates of 63 and 60 for the two periods, while those for the 12 cities were 88 and 69.

The same periodical contains an elaborate study, entitled "Die tödtlichen Unglücksfälle in Preussen im Vergleich mit einigen anderen Staaten," by Dr. Prinzing, of Ulm. The author discusses the sources of error in such statistics from the difficulty of separating accidental deaths from murder and suicide, especially among young children. In Prussia the ratio of deaths from accident to 100,000 inhabitants was 64.1 for men and 15.2 for women for 1896–1900, less than for 1876–80, but more than for 1891–95. By age periods the rates per 100,000 living reach maxima of 82.8 for males between 2 and 3 and 55.1 for females between 1 and 2, decrease up to 15 years, and then increase again. Similar figures are quoted for Italy and England. The causes of death are then examined in detail by age and sex. Drowning is most common, causing a rate of 51.4 among males between 5 and 15. Falls affect the higher age periods, and burning and scalding cause a high death-rate among women. Comparing urban and rural districts, it appears that deaths by accident are more abundant in the country than the city except during the first year of life, when the reverse is the case.

Dr. W. J. Barclay, in the *Lancet* for Sept. 19, 1903, discusses "Tuberculosis and Cancer in New Zealand," comparing particularly the death-rates for those diseases in New Zealand and in England and Wales. Tuberculosis is not much more than half as prevalent in the colony, in spite of the fact that young adult males are in excess. Thus the rates for all tuberculous diseases from 1891 to 1900 were 10.55 in New Zealand and 20.10 in England and Wales, and for pulmonary tuberculosis 7.99 and 13.91, respectively. This is attributed to the temperate climate, outdoor life, and prosperity of the Australian community. For cancer the New Zealand rate is only slightly lower than that for England; and in both countries it is apparently on the increase. The inaccuracy of crude death-rates is well shown by the following table:—

DEATH-RATE FROM CANCER PER 10,000 PERSONS IN 1896.

New Zealand.						England and Wales.		
Crude.			Corrected to English Standard.					
Persons.	Males.	Females.	Persons.	Males.	Females.	Persons.	Males.	Females.
5.50	5.49	5.51	6.67	5.54	7.74	7.60	6.15	8.96

The Milroy Lectures for 1903 were delivered by Dr. H. Timbrell Bulstrode, on "The Causes, Prevalence, and Control of Pulmonary Tuberculosis," and, as published in the *Lancet* for July 11, July 25, August 1, and August 8, furnish a store of statistics relating to the "great white plague." In the first lecture the author quotes the figures gathered by Reincke at Hamburg and Körösi at Budapest, to show the heavy incidence of tuberculosis upon the poorer classes, and discusses various rather unsatisfactory attempts to show a close connection between this disease on the one hand and alcoholism and insanity on the other. In the second lecture statistics are given *in extenso* for a number of European countries, showing in general a steadily decreasing death-rate. Norway, Ireland, Italy, and France form apparent exceptions, the latter country showing a steadily high mortality from tuberculosis and "chronic bronchitis," a popular euphemism for the same disease. On the other hand, in Prussia a death-rate which was 31 in the census years, 1876, 1881, and 1886 has fallen to 27 in 1891, 22 in 1896, and 19 in 1901. Some of the general results may perhaps be summarized as follows, though the figures for different states are not of course accurately comparable:

DEATH-RATE PER 10,000 FROM PULMONARY TUBERCULOSIS.

Locality.	Period.	Rate.	Period.	Rate.
Saxony	1873-1875	23.1	1896-1900	19.3
Amsterdam	1854-1856	27.0	1897-1901	17.7
Copenhagen	1870-1874	34.2	1899-1901	16.6
Budapest	1875-1879	83.1	1895-1899	38.4
Switzerland	1876-1880	23.4	1896-1900	18.9
Lisbon	1881-1885	41.8	1896-1900	35.3
New York	1875-1879	38.3	1895-1899	26.0
London	1875-1879	25.5	1895-1899	17.6
Australasia	1871-1875	10.1	1896-1898	9.3
Scotland	1883-1887	20.5	1898-1900	16.7

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